



CITY OF IRVINE

Certificate of Liability Insurance Requirements

The City of Irvine requires a Certificate of Liability Insurance naming the City of Irvine as Additional Insured.

REQUIREMENTS

- 1 Certificate of Insurance
- 2 Additional Insured Endorsement
- 3 Limit requirement is \$1 Million Occurrence and \$2 Million Aggregate

*The Certificate of Insurance and Additional Insured Endorsement are separate documents. Additional coverage may be required depending on event and services. **Each endorsement must list the policy number.**

PLEASE NOTE:

The certificate holder must precisely read:

City of Irvine, Great Park Corporation, its Officers, Employees, Agents, Volunteers, and Representatives.

One Civic Center Plaza

PO Box 19575

Irvine CA 92623-9575

If your Certificate of Liability Insurance is not worded correctly, you are responsible for contacting your insurance agent.

SAMPLE OF REQUIRED DOCUMENTS

CITY OF IRVINE
Community Services Department
One Civic Center Plaza, Irvine, Ca 92606-5208
Phone (949) 724-6620 • Fax (949) 724-6608
Internet: www.cityofirvine.org • E-Mail: reservations@cityofirvine.org

Please note that failure to provide the appropriate certificate of insurance with a separate endorsement page listing the City of Irvine as additionally insured may result in rejection of application. Please reference both pages attached.

CERTIFICATE OF INSURANCE 005550 DATE 08/05/17 BY 01/05/17

INSURER: UNIFORM INSURANCE COMPANY
POL No. 12345
Any City, Any State 12345-6789

INSURED: A COMPANY
B COMPANY
C COMPANY
D COMPANY

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRES DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY	ABC 1234 567	01/01/2023	12/31/2024	GENERAL: \$ 2,000,000 PRODUCTS COMP OF AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ 1,000,000 MEDICAL \$ COMBINED SINGLE LIMIT \$ 1,000,000
COMMERICAL GENERAL LIABILITY				
COMMERICAL AUTO				
RENTED AUTO				
EMPLOYEE LIABILITY				
OTHER				

CITY OF IRVINE, GREAT PARK CORPORATION, ITS OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, AND REPRESENTATIVES ONE CIVIC CENTER PLAZA, IRVINE, CA 92623-9575

LIMITS	
GENERAL	\$ 2,000,000
PRODUCTS COMP OF AGG	\$
PERSONAL & ADV INJURY	\$
EACH OCCURRENCE	\$ 1,000,000
FIRE DAMAGE	\$
MEDICAL	\$
COMBINED SINGLE LIMIT	\$ 1,000,000

CITY OF IRVINE
Community Services Department

INSURANCE SERVICES OFFICE, INC.
P.O. BOX 12345
Any City, Any State 12345-6789
(555) 555-5555

POLICY NUMBER: ABC 1234567 COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE

Name of Person or Organization:
City of Irvine, Great Park Corporation its Officers, Employees, Agents, Volunteers, and Representatives
One Civic Center Plaza
PO Box 19575
Irvine, CA 92623-9575

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS INSURED (Section II) is amended to include as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

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LOOKING FOR COVERAGE?

Visit Bene-Marc Special Event Insurance:



bmispecialevents.com

800-247-1734

specialevents@bene-marc.com

Helpful information to complete the online application:

Event Location Name: City of Irvine

Address: 1 Civic Center Plaza, Irvine, CA 92606

Contact Name at Facility: Irvine Facility Reservations

Contact at Venue/Facility: reservations@cityofirvine.org

For more information please call City of Irvine Facility Reservations at 949-724-6620.